

1) My Info

Mountainside 24/7 Animal Emergency	West Vancouver	225	-	274
Name of Participant you are supporting		Location		Constituent ID - Fundraiser Page ID

☐ Individual ☐ Organization

If from organization, use First & Last Name for the contact person. Receipt will be issued in organization name, and sent to the contact's attention.

First Name*	MI*	Last Name*
Organization		
Suite/apt. No	Street*	
City *	Prov/State*	Postal Code/ZIP *
Phone (REQUIRED)*		E-mail Address* (REQUIRED FOR E-RECEIPT)

2) Gift details

Amount \$ _____

How would you like to be recognized online?

- ☐ Donor name (same as above)
☐ Anonymous
☐ Name for Recognition: _____

3) Payment

☐ Cheque or Money order Please make payable to <u>BC SPCA</u> - Attn: Champions for Animals 1245 East 7th Ave Vancouver, BC, V5T 1R1 Or mail to your local branch.		Please do not send cash.	
☐ Credit Card ☐ VISA ☐ Mastercard ☐ AMEX		Card Number _____ Cardholder Name _____	Expiry Date _____ CVC _____
Signature: _____ Date: _____			

On behalf of the animals, thank you for supporting the BC SPCA.

For Internal Use Only:	
 Fund	 RE Batch Number

- All donations will be credited in Canadian dollars.
- All donations are 100% tax receiptable, and are non-refundable and non-transferable.
- Donations of \$10 or more will automatically receive a tax receipt.
- The BC SPCA does not sell, rent, trade or otherwise share the names of our supporters.